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ORIGINAL DEPARTMENT.

Communications.

DEFECTIVE AND IMPAIRED VISION, With the Clinical use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M. D.,

Ophthalmic Surgeon to Howard Hospital, &c.

My attention has recently been directed to the subject of defective and impaired vision, having been appointed examining surgeon by the Governor to examine men who were drafted and who desired exemption. The proportion of cases of short sight, or myopia, was fifty in the thousand, while the cases of weak sight or Amblyopia, cataract, amaurosis, astigmatismus, granular disease, &c., was only twenty-five in one thousand cases. I have therefore come to the conclusion that as the fifty cases of myopia had been so since boyhood or girlhood, and in a few of the instances only was the defect hereditary, there was a neglect on the part of parent or guardian in not preventing so bad a habit. There is also a good deal of the blame to be attached to the family physician, who, when his attention is called to the weak eyes of the near-sighted child, neglects to place it on a proper course of treatment so as to improve the general health and eyes at the same time.

I therefore thought some practical observations upon this and kindred subject, in a series of articles, would be acceptable to the members of the profession whose attention is perhaps only called to a case once in six months or a year, and who has not the opportunities which our city physicians have of calling in consultation one of their brethren who devotes much of his time and talents to this one subject, and who is posted on all the improvements which the last ten years has produced.

The Ophthalmoscope.

And first of the ophthalmoscope or speculum oculi, for without the use of this important aid in diagnosis we will often make most serious mistakes. Its employment requires a little more ingenuity and about the same amount of time and attention which is necessary to become expert with

the stethoscope; and certainly no right-minded and conscientious physician should be satisfied in deciding upon the existence of amaurosis in any case without a prior examination with the ophthalmoscope. With just as much certainty could we consider a patient to be laboring under phthisis, without a physical examination, because he has purulent expectoration and fever. It will also be found that there are numerous cases of defective and diseased eyes, which formerly would have been pronounced hopeless, but which upon a careful examination by this admirable invention of Helmholtz's, are ascertained to be curable, and the reverse will equally hold good, thus preventing a long and tedious course of treatment, often to the detriment of the patient's general health and our own discomfiture. Those who use the ophthalmoscope claim for it that it enables them to decide promptly and almost with certainty as to the seat of the disease and its nature, if situated in the crystalline lens, its capsule, the vitreous humor, the retina, choroid, and even the entrance of the optic nerve.

But as is usually the case with every innovation upon old ideas, there is always found a certain number who stand opposed to its employment, and, as would naturally be anticipated, it comes from the same class of men who opposed the introduction of vaccination, anæsthesia, and other equally valuable adjuncts to our profession, and who are equally well represented outside of our profession by the opponents to the introduction of steam, gas, the electric telegraph, &c. Being unwilling to learn its use by the sacrifice of time and labor, they endeavor to produce its condemnation by a variety of objections, among which may be mentioned the charge that it has injured the eye by the bright light which has to be employed in the examination, or that danger may result from the use of the solution of atropia. These, I am confident, have but slight existence, as in the numerous examinations which I have made with the valuable instrument both in hospital and private practice, since May, 1853, it has rarely been my lot to hear a complaint from my patients, or to see any injurious consequences result from its use. When in London, in 1859, on a visit to the Royal Ophthalmic Hospital, Moorfield, I made the inquiry of Dr. Dixon, one of the surgeons, if he had ever

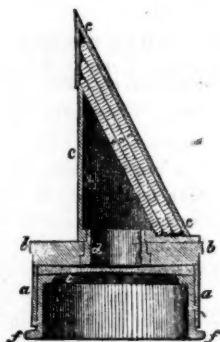
seen any injurious results follow the use of the ophthalmoscope, when he stated that only in one case in thousands had he remarked any detrimental results, and in this case was a lady who subsequently died of apoplexy. He noticed that after such examination there was an increased effusion of blood upon the retina. This single instance of injury would be but a poor excuse for our rejection of so valuable an aid to diagnosis, which, according to H. HAYNES WALTON, has revolutionized ophthalmic nosology, and rendered obsolete nearly everything that has been written or taught on the deep-seated diseases of the eye.*

Diagnosis is the all-important secret of the physician, without which our therapeutics are but an agency of evil, destroying what we wish to cure, and from this consideration alone every physician and surgeon should gladly avail himself of all the auxiliaries within his reach.

In 1846, Cumming†, of London, first determined that by a certain arrangement of a gas light and a lens the fundus of the human eye could be seen. He did not see the optic nerve nor the retinal vessels. "His simple process of examination was this: Let the person under examination (with the dilated pupil) sit or stand eight or ten feet from a gas light looking a little to the side; standing near the gas light we have only to approach as near as possible to the direct line between it and the eye to be viewed, at once to see the reflection. Or in a dark room, a candle being placed four or five feet from the eye, if we approach the direct line between them we shall be able at once to see it in many cases. If solar light be admitted through a newly closed shutter into a dark room the luminosity may be seen when the pupil is tolerably dilated, the patient standing five or six feet from the aperture and the observer occupying the position before indicated." "In persons of fair complexion and blue or gray irides, it is generally more brilliant and more readily seen than in those of dark skin and irides. In the mulatto it is also dusky."

To Dr. MACKENZIE is due a part of the credit of applying the first rudimentary ophthalmoscope to the investigation of deep-seated diseases of the eye. His method consisted in directing the light of a gas jet through the dilated pupil with a lens, so as to discover "what he considered the effects of hyaloiditis, or inflammation of the hyaloid membrane."‡ But the credit of the invention is due to Helmholtz, professor of Physiology at Konigsburg, Prussia, who made and described the first ophthalmoscope, and published it to the world in

1851.* He first employed a single slip of glass brightly polished, and with this he was able to see the surface of the retina but very faintly, not dilating the pupil in his first examinations. Finding that the illuminating power of a single slip of polished glass was too faint to view the minute details of the fundus, Helmholtz increased its intensity by constructing a compound reflector of several slips, superimposed in such a manner that the reflections from their several surfaces cover each other, and coalesce in a single image. For greater convenience he fixed this reflector upon one end of a short tube, in the opposite extremity of which he placed a concave lens. In Fig. 1 is a



horizontal sectional view of HELMHOLTZ'S instrument. Fig. 1, *aa* is a short blackened metal tube closed at one end by a plate *bb*, centrally perforated, which supports a hollow triangular prismatic metal box *ccc*. The base of this prism is connected with the plate by the short open cylinder *d*, in such a manner as to allow the rotation of the prism on the axis of the tube *aa*. The long side of the prism contains the reflector, composed of three plane polished slips of glass, inclined at an angle of 56° to the axis of the tube, the other end of which contains the concave lens *l*, which is held in position by the friction tube *f*. When we examine the healthy eye of a young person the pupil appears dark, as if the bottom of the eye was black. This is not because any of the tissues are black that we look through, but it arises from the refractive power of the cornea and lens. HELMHOLTZ, by overcoming the refraction of the cornea and lens by his ophthalmoscope, reflected the rays of light from the retina and made them come to a focus and produce an image on the retina of the experimenter's eye. It is stated that an accident suggested the invention to HELMHOLTZ, but this is doubtful, as "Cumming's" experiments were published and sent all over the world, still we give it as stated. His friend VON ERLACH,

* A treatise on the Surgical Diseases of the Eye, p. 634, second edition, London, 1861.

† Medico-Chirurgical Transactions, 1846.

‡ Mackenzie on Diseases of the Eye, p. 564. Am. Ed.

* Beschreibung eines Augenspiegels zur Untersuchung der Netzhaut im lebenden Auge, Berlin, 1851.

who wore spectacles, observed one day whilst conversing with an acquaintance, that the eye of the latter became illuminated when the rays of the light from a neighboring window were reflected by his glasses into this person's eye—hence it is also stated the probable reason of HELMHOLTZ using plate glass as the reflector in his ophthalmoscope. There is no doubt that the immortal honor of the invention of the eye speculum, or ophthalmoscope, belongs to HELMHOLTZ, although many others may have contributed to it, he made it truly practical, and with it he was able to distinguish the optic nerve and the vessels emerging from it. In 1852, RUEDE* invented an ophthalmoscope on a different principle from that of HELMHOLTZ, light being thrown into the patient's eye by means of a concave mirror, through a hole in the centre of which the observer looked directly upon the illuminated retina. The objection to this ophthalmoscope is, that it is fixed upon a stand and therefore not well adapted to observe an organ so constantly in motion as the eye. COCCUS† avoided this inconvenience by constructing a small perforated mirror to be held in the hand, and this instrument has been still further modified by ANAGNOSTAKIS,‡ whose ophthalmoscope, from its extreme simplicity, appears to many to be the most useful that has been invented. It consists of a circular mirror, about an inch and three quarters in diameter, slightly concave, and perforated in the centre with a round hole, the tenth of an inch wide. The amalgam of the mirror is protected by a brass plate perforated at a spot corresponding to the hole in the glass. The inside of this perforation should be brushed over with a non-reflecting black coating so as to prevent the metallic edge from producing small rays of light, which are very confusing to the observer. The mirror is set in a metal frame to which a handle is fixed.

In a recent work by ZANDER,§ he divides them into three classes, viz.:

1. Ophthalmoscopes in which the reflector consists of slips of highly polished glass, with plane parallel surfaces, as HELMHOLTZ'S.
2. Homo-centric ophthalmoscopes—concave mirrors of silvered glass or metal, as RUEDE's and LIEBERICH'S.
3. Hetero-centric ophthalmoscopes—plane or convex specula in combination with a convex lens, as COCCUS' and ZEHENDER'S.

(To be continued.)

* Der Augenspiegel und das Optometer, Göttingen.

† Ueber die Anwendung des Augenspiegels, Leipzig, 1853.

‡ Essai sur l'Exploration de la Retine et des Milieux de l'Œil sur la Vivant, Paris, 1854.

§ Zander, A., Der Augenspiegel, Seine Formen und Sein Gebrauch, Leipzig, 1859.

CASE OF GUNSHOT WOUND Of the Brain, treated at the McKim's Hospital, Baltimore, Md.

By Wm. G. Smull, M. D.

Acting Assistant Surgeon, U. S. A.

The surgical history of the present war will demonstrate one fact, which is frequently overlooked in the treatment of injuries about the head, viz.: that serious lesions may exist as the result of injury, and the fact escape the observation of the surgeon and even the patient himself.

An illustration of this fact has recently occurred in this hospital, so singular that I have deemed it worth transmission to the *REPORTER*, particularly as it is the second one that has come within my observation in the course of a few months.

Private A. Van Walker, Company A, 7th Wisconsin volunteers, was admitted into this hospital on July 8th, 1863. He was wounded at the second days' fight at Gettysburg. The wound was over the orbit of the right eye, and was supposed by himself to have been made by a piece of shell. The missile struck at the external extremity of the frontal sinus, and the pulsation of the brain could be seen through the wound. The patient suffered great pain over the brow, and complained also of a numbness, caused no doubt by the division of the supra-orbital branch of the fifth pair of nerves. The treatment adopted was anodynes and cold water dressing to the wound, with rest and light diet. The patient rapidly recuperated and in a few days was able to go to his meals. In the course of ten days he was able to go out on a pass, and every few days he repeated his walks. During this time he was cheerful, enjoying good appetite, and the external wound was sufficiently healed as not to require dressing. On September 12th he walked two miles in the middle of the day to witness a military parade. He was asked by his companion if he suffered any pain from the exercise and exposure to the sun; he replied, none at all.

On September 17th he complained of headache and nausea. The symptoms increased, vomiting ensued, and the patient kept his hands continually compressed upon his head. When asked what part of his head pained most, he replied, it pained all over. All efforts to relieve him were unsuccessful. Counter-irritation and opiates were used in vain; the patient refused all food, and then became comatose, and on the night of the 20th he died.

An autopsy was held on the following morning, and revealed the following remarkable circumstances. The skull had been penetrated about the middle of the roof of the orbit, and spicules of bone were driven in upon the substance of the brain. On lifting up the anterior lobe of the right side, a

large quantity of pus escaped. The hemispheres of the brain upon being gently separated, allowed the escape of pus, apparently from the right ventricle. The whole anterior portion of the right hemisphere was in a state of disorganization, amounting almost to gangrene; the mass was very offensive. Upon separating this mass a minie ball weighing about one ounce, fell out of the substance of the brain from the posterior part of the anterior lobe, somewhere near the sella turcica. The appearance of a foreign body being so unexpected, its exact locality could not be correctly stated, as the disorganized mass was not firm enough to permit of dissection.

It will be observed that the patient carried the ball in his brain for two months, and had fragments of his skull driven in upon his brain for the same length of time, without being in any degree conscious of it. From the appearance of the brain the process of suppuration and decomposition must have been going on for some time previous to his death. His mental faculties remained the same up to the time of his final sickness, and a member of his regiment states that he knew of no difference in his mental condition previous and subsequent to the receipt of his wound. It should be remarked that a piece of foreign substance was taken from the fractured bone, apparently a portion of his cap. It had not reached the brain, and can hardly be considered as having had an important bearing upon the result of the case.

Medical Societies.

Bradford Co., Pa., Medical Society.

The Bradford County Medical Society met at the Odd Fellows' Hall, in the borough of Towanda, Sept. 9th, 1863. The following members were present:—Drs. Ed. Mills; G. F. Horton; E. P. Allen; C. Conklin; C. M. Turner; W. L. Clagett; D. Holmes; E. A. Everitt; G. W. M'Kee; E. H. Mason.

The President, Dr. MILLS, called the meeting to order.

Drs. E. A. Everitt and G. W. M'Kee were proposed for membership and after a favorable report from the censors were unanimously elected.

Dr. HORTON moved that a committee be appointed to nominate officers for election for the ensuing year, which was adopted, and the President appointed Drs. Horton, Allen and Turner said committee, who after consultation nominated the following, and they were unanimously elected:

President.—WM. L. CLAGETT.

Vice Presidents.—E. G. TRACY, G. CONKLIN.

Recording Secretary.—E. H. MASON.

Corresponding Secretary.—E. A. EVERITT.

Treasurer.—GEO. F. HORTON.

Censors.—E. P. ALLEN; C. T. BLISS; D. HOLMES; C. M. TURNER; G. W. M'KEE.

The resolutions offered by Dr. HORTON at the last meeting in relation to Surgeon-General HAMMOND's order against calomel were called up, and after a few

remarks, further action was postponed until the next meeting.

During the meeting the following cases were reported:—

Dr. CONKLIN reported a case of dry gangrene in the foot of a child, resembling senile gangrene in its appearance, course and termination.

Dr. HOLMES—A case of ascites.

Dr. ALLEN—A case of malignant sarcocele.

Dr. M'KEE—A case of pericarditis in which the action of the heart was controlled by the use of veratrum viride.

Dr. MASON—A case of erotic dreams and nocturnal emissions caused by a blow upon the occiput.

Adjournment to meet at the village of Burlington, on Wednesday, October 28th, next at 10 o'clock, A. M.

E. H. MASON,
Secretary.

EDITORIAL DEPARTMENT.

Periscope.

Faradization.

The following is the conclusion of Dr. BOWMAN's article on Faradization commenced in our last:—

Electro-puncture.—Faradization through steel or platina needles passed into the deeper tissues is one of the most efficient modes we possess of localizing the current and stimulating them to healthy action, or restoring them to lost contractibility.—Triangular shaped needles, similar to those employed by glovers, are best adapted for the purpose; when of steel they should be plated with gold, for their oxidation in the wound during the passage of the electric currents, not only increases the pain, but leaves an indelible stain behind them. Bloodvessels should not be transfixed, nor is it absolutely requisite to pierce a nerve; it is quite sufficient if the needles come in contact with it.

Baths.—Electricity penetrates the skin without difficulty through water, and the application of to and fro currents in a bath, is a powerful means of arousing the action of the system in cases of debility. The hip bath, foot bath, or merely inserting the hands into a basin of water, also gives a ready entrance and exit to the currents if one conductor be put into the vessel, and the other, a moist sponge, be placed above the part to be Faradized. Salt increases the conducting power of the water, and it may be conveniently added to it when operating through the hands or feet.

Sponge Electrodes.—Next in point of penetrability are sponges moistened with salt water, which, when pressed firmly upon the wet skin, act as good conductors to the deeper tissues without electrization of the cutaneous surface, which however becomes momentarily affected on bringing the electrodes into contact with it, or on removing them, whilst connected with the working instrument; this may be readily obviated by crossing the wires of the two poles until the sponges are placed.

Electro-cutaneous Excitation.—When the skin is dry beneath one or both electrodes, the currents flow chiefly along or within its surface, and when intense, act painfully upon the superficial muscles beneath. Before Faradizing the skin, all humidity should first be absorbed by means of a little rice powder or corn starch, then having placed a moist conductor on some other portion of the body, apply a dry one to the part to be excited, or, holding it

in the hand, pass the back of the fingers lightly over the surface. The application of the metallic brush, however gentle, is a much more severe mode of arousing sensibility, and is very painful when the cutaneous surface is struck slightly with the extremities of the wires. DUCHENNE calls this latter *electric fustigation*, and *electric moxa* when the ends are left in contact with it.

Of the Nerves.—The muscles are much better conductors of electricity than the nerves; therefore, when it is desired to apply them to the latter, it should be done where they are most superficial, and in contact with tendons or aponeuroses, or surrounded by cellular tissue; and even in these situations but a portion can be made to traverse the nerves.

WEBER has proved, after many interesting researches, that although Faradization of the spinal marrow alone, produces violent contractions in the muscles of the trunk, these contractions arise, not from electricity, but from nerve force brought into action by the stimulus to the cord. And that neither contractions nor heat can be observed in nerve matter on electrical excitation.

Induced currents passed through the sympathetic, or through the organs to which it is distributed, produce contractions in the muscular tissue of the latter, which, however, differ from those of the voluntary muscles in being less energetic and more permanent, and in succeeding each other in an order corresponding to their functions, which they increase.

Of the Muscles.—Faradization of the muscular tissue, is said to be *general* when produced through the nerves, and *local* when applied to the fibres themselves; the latter is more superficial except when a powerful current is employed. Next to electro-puncture, local electrization is best accomplished by means of the sponge electrodes wet with brine, and pressed firmly upon the skin within a few inches of each other, moving them frequently until every part has been brought under its influence.

Excitation of the periosteum is peculiarly painful and should be avoided when possible.

Paralysis.—Ever since its discovery, Faradization has been recommended as a remedial agent of great efficacy in paralysis, both local and general, stimulating the nerves and muscles in the former, into renewed life and activity, and supplying them in the latter with electrical, in lieu of deficient nerve force; thus keeping up their action and development, and preventing atrophy, whilst nature is restoring the power of the nervous centres. It cannot however be made immediately available as in all forms of local paralysis. In both local and general, the to and fro currents are particularly adapted, and should be applied directly to the parts affected, without passing them through the seat of any recent cerebral or spinal injury. They should be employed for short periods, and be frequently repeated.

Where there has been a separation of a nerve by injury, or even a loss of its substance, with years of permanent paralysis, the patient application of electricity will occasionally be found to restore the action of the muscles supplied by it, showing that there has been regeneration of the nerve filaments in the electrified, and that want of stimulus alone has prevented the return of power. After accidents of this kind, the rule is, that when muscular contraction has not been destroyed, the parts should be submitted, as soon as possible, to local electrization; but when lost and insensible, from four to ten months must be allowed for the perfection of the nerve fibres.

Paralysis of the nerves of smell, taste, sight, and hearing, have each occasionally been restored by electrical excitation.

I have had some encouraging, although but partial successes, with it, in loss of smell from chronic catarrh in which I employed the double currents,

placing one sponge over the nostrils, and the other at the nape of the neck.

Dr. S. WELLS recommends it in cases of strabismus dependant upon paralysis of muscles of the orbit without cerebral lesion; he directs one moist sponge to be placed on the lid over the weakened rectus, and the other to the temple, and begins with applications of five minutes duration daily, increasing them gradually to 20 minutes.

In deafness without evident cause, but deficient cerumen, Faradization is well worthy of a trial. The ear should be filled with water, and weak and slow currents be passed through it from the back of the neck, being careful not to allow the conductor to touch any portion of the meatus or tympanum.

Local paralysis of the bladder with incontinence of urine, either in adults or children, may often be successfully treated by means of the to and fro currents passed daily, for fifteen minutes, between the interior of the bladder and the pubes, employing the exciter fig. 1, and a sponge electrode. It seldom requires more than a single application to effect a change, or over five or six, to give permanent relief.

In tic douloureux, the nerve may be deadened by strong direct currents, (extra currents being the best) applied by means of moist conductors.

Faradization in lead palsy, is in general very tedious, and requires 30 to 100 sittings, at each of which pain should be excited in the paralyzed muscles. The currents employed should be rapid and intense, and not be continued longer than ten minutes, otherwise the nerves themselves will be liable to be injured by them.

In chorea, M. BRIQUET remarks that induced currents, passed through the muscles, act but temporarily, but if applied merely to the integument, they occasion rapid and marked diminution of the movements, and frequently effect a prompt removal of the malady. He Faradizes the skin every day or every other day, for five or six minutes, along the entire length of the affected limbs, persevering with the treatment for several months when necessary.

In amenorrhœa, Faradization proves successful only after the health has otherwise been re-established. To and fro currents should be passed between the sacrum and pubes, beginning several days before the period. In cases permitting it, an insulated conductor may be carried up to the womb, and the electricity be passed through it from the lower part of the abdomen.

To produce contractions of the womb and expulsion of its clots in post partem hemorrhage and in dysmenorrhœa, or to cause more rapid labour in placenta prævia, after due dilatation of the os, Faradization may be employed as an auxiliary to other means, in deference to the success attributed to its use by some few authors of merit. The mode of its application is the same as for amenorrhœa.

It is in hysteria particularly, more than in any other disease, that the to and fro currents prove most successful. In its convulsions, paralysis, tetanus, aphonia, and all its thousand and one anomalous sensations, their employment frequently acts in a surprising manner; the dread alone of the more powerful shocks, having sufficient influence upon the mind to control, and prevent their recurrence.

The secretion of milk, when suspended or delayed, has occasionally been reproduced in a few hours by the application of the sponge electrodes, and the passage of moderate to and fro currents through the glands for ten or fifteen minutes. It should be repeated daily until the return is fully established.

In neuralgia, powerful direct currents (extra currents) should be passed along the affected nerve, through moist conductors, for a few minutes only, and be repeated each time of the return of the pain. The intervals will be found to become longer and longer, and the sensibility to decrease at each renewal of the attack, until it entirely ceases. If electro-puncture be preferred, as strongly advocated

by many, weak currents must be employed, and but for a few seconds only.

In bronchocele, electrical excitation renders the thyroid gland more susceptible to the power of iodine or other absorbents.

In chronic rheumatism, direct currents give much relief and promote the absorption of effusions. In cases of rigidity, as that of crick in the neck, the to and fro currents, applied to the healthy antagonistic muscles, by causing their contraction, act powerfully on the diseased ones, subduing their excitement and irritability in the same manner as the exercise of the opponent muscles in ordinary cramps. Dr. CHRISTOPHERS passes the current down the spine, and through the affected part daily for half an hour or longer, and speaks of a case of three years standing that was thus greatly benefited by it.

In hydrocele, electro-puncture by exciting the serous membrane to absorption, frequently proves successful, even in obstinate cases, in removing the effusion. The needles should be inserted deeply into the fluid from opposite sides, and to and fro currents be gently passed through them for fifteen minutes, increasing their intensity until the pain is complained of; the application may be repeated several times if necessary.

In deficiency of semen, with loss of desire or imperfect erection, I have found the to and fro currents of much benefit, in one case a single application producing a return of power. They should be passed through the testicles, and along the erector muscles from the ischium to the dorsum of the penis, employing the sponge electrodes daily, for fifteen minutes.

In irritable states of the bowels accompanied by slimy stools and alternate constipation and diarrhoea to and fro currents applied to the colon from the spine, with moist electrodes, has been found of much service.

In poisoning by opium, Faradization is the most efficient means we possess of sustaining life during the continuance of the narcotic effects of the drug upon the brain; in which time the stomach pump and stimuli will not of course be neglected. Dr. HERBATH's experience on this subject is worthy of attention; he found, after numerous trials, that when the direct currents only were employed, the positive electrode being placed upon the mucous membrane of the mouth, and the negative just below the ensiform cartilage, that the respiratory movements were carried on with considerable more regularity and ease than by any other method; but that when the conductor was shifted from the cheek to the tongue, spasm of the glottis was produced and asphyxia threatened. In arrest of the heart's action from chloroform, direct currents should be passed through sponge electrodes from the nape of the neck to the ensiform cartilage, placing the positive to the former. But if to and fro currents only are available, the shocks should be passed from side to side placing one conductor over the cardiac region. In both cases the finger should be kept pressed between the ribs, and when the heart or diaphragm is noticed to contract, the currents should be momentarily suspended.

By the terms "sponge electrodes," "moist electrodes," "moist conductors" and "moist sponges," are intended DUCHENNE's cylinder conductors, containing sponges wet with salt and water, and pressed firmly to the skin during electrization.

In conclusion I would remark, that for the successful employment of Faradization, great patience and perseverance is required, and the conjunction of other remedial agents should in nowise be neglected. —*Canada Lancet*.

Pumpkin Seed in the Treatment of Tænia.

In a communication to the *American Medical Times*, Dr. CHARLES HASBROUCK, of Hackensack, N. J.,

details a case of the successful use of pumpkin seed in Tænia. Two ounces of the seeds of the common pumpkin were directed to be hulled, grated with sugar, and mingled with half a pint of hot water.—After fasting for twenty-four hours this was to be taken and followed in an hour by a dose of castor-oil. The result was entirely satisfactory, as, in less than two hours after taking the seeds the patient passed a tape worm nearly eight feet long, including the head.

Suppositories.

The plan of administering remedies by means of suppositories is resorted to much less frequently than its importance calls for. The following on the subject by Mr. WM. C. BAKES, we take from the *Journal of Pharmacy*. The doses recommended appear to us to be rather small.

To facilitate the prescribing of suppositories by physicians, some establishments have made a point of numbering them according to their composition. The following list will illustrate this method, and give some idea of the substances capable of being administered in this form.

- No. 1. Butter of Cacao.
 - No. 2. One grain of Opium.
 - No. 3. Two grains of Opium.
 - No. 4. Half a grain of Aqueous Extract of Opium.
 - No. 5. One grain of Aqueous Extract of Opium.
 - No. 6. One grain of Opium and five grains of Tannin.
 - No. 7. Two grains of Opium and two grains of Tannin.
 - No. 8. One grain of Opium and five grains of Acetate of Lead.
 - No. 9. One grain of Opium and two grains of Extract of Hyoscyamus.
 - No. 10. One grain of Opium and one grain of Ipecacuanha.
 - No. 11. Two grains of Opium and two grains of Ipecacuanha.
 - No. 12. One grain of Opium and half a grain of Extract of Belladonna.
 - No. 13. One-eighth of a grain of Acetate of Morphia.
 - No. 14. One-sixth of a grain of Acetate of Morphia.
 - No. 15. One-fifth of a grain of Acetate of Morphia.
 - No. 16. One-fourth of a grain of Acetate of Morphia.
 - No. 17. Five grains of Tannin.
 - No. 18. Ten grains of Tannin.
 - No. 19. Ten grains of Mercurial Ointment and ten grains of Camphor.
 - No. 20. One-thirtieth of a grain of Atropia.
 - No. 21. Half a grain of Extract of Belladonna.
 - No. 22. Two grains of Santonin.
 - No. 23. Five grains of Calomel and two grains of Santonin.
 - No. 24. Two grains of Acetate of Lead and half a grain of Extract of Stramonium.
 - No. 25. Five grains of Tannate of Lead.
 - No. 26. Two grains of Extract of Hyoscyamus.
- It will be understood that the basic material is the Butter of Cacao, to which is sometimes added White Wax, to give it a firmer consistence. See Vol. ix., No. 1, p. 5.

Hydrophobia.

During a series of experiments made by Professor RENAULT, and communicated to the Academy of Sciences, respecting the period required for the development of symptoms of hydrophobia, he caused 131 dogs to be either bitten by mad dogs, or inoculated with their saliva. Of these, 63 showed no symptoms during a period of four months, and were therefore considered free. Of the remaining 68, 31 became mad after the 40th day, 23 after the 45th, 16 after the 50th, 14 after the 55th, 12 after the 60th, 8 after the 65th, 7 after the 70th, 3 after the 80th, and 1 upon the 118th.—*Lancet*.

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PHILADELPHIA, OCTOBER 3, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year. The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

DEMONSTRATIVE MEDICAL TEACHING.

The season of the year has arrived which, by common consent, begins the term usually devoted to didactic instruction in medicine. Students have gathered from far and wide at the colleges of their choice, and the preliminary courses of instruction are now in progress, preparatory to the commencement of the regular lectures about the middle of the month. The faculties of our medical colleges have, of late years, seemed to realize more and more the importance of *demonstrative* teaching, and the drawings, preparations, experiments and morbid specimens with which the didactic teaching is illustrated, and the clinical lectures of the present day are, in consequence, in strong contrast with the hour's uninterrupted talk, relieved by nothing save the oft-repeated anecdote or *bon mot*, which were sometimes of questionable taste and morality, of former days. Medical students of the present day cannot too highly prize the advantages they

enjoy for acquiring a practical knowledge of medicine and surgery.

Instruction at the bed-side, technically termed "clinical" instruction, is the highest style of medical teaching. A student acquires more practical knowledge from an hour's clinic, though but half the time be spent in oral deliverances, than from hours of undemonstrative talk, no matter how learned, or how besprinkled with funny anecdotes and stale jokes. A very little observation and experience sufficed to establish this point, and college faculties soon discovered that those institutions which offered the best facilities for clinical instruction attracted the largest classes. This gave rise to a very laudable competition as to which should offer students the best advantages in this respect. No medical school now pretends to teach medicine and surgery without offering facilities of acquiring practical knowledge at the bed-side. It must, however, be confessed, that there is much that passes for clinical teaching that is unworthy the name. There are very grave objections, for instance, to the plan of "laying out" a patient on a lecture table in an amphitheatre, and delivering a "clinical lecture" on the case under those circumstances. True, something may be learned in this way, and this is an improvement on the old plan of teaching. But it is only a single step toward realizing the true idea of clinical teaching, and, we may add, a very short one.

Clinical instruction to be really profitable should be literally at the bedside of the patient. The student should see, feel, hear and *smell* the patient himself. Hence this kind of instruction should be imparted in the wards of a hospital. For many years we have advocated the connection of our medical colleges with *bona fide* hospitals, and so earnest were we in the advocacy of this idea, that five years ago, when the REPORTER was changed from a monthly to a weekly, and clinical reports were made a prominent feature of the work, we of our own option improvised the terms as applied to the college clinics in this city, *University Hospital*, *Jefferson College Hospital*, etc., instead of *University Clinic*, etc., with the view of familiarizing the profession with the idea, in anticipation of urging the expansion of the college clinic into a true hospital clinic.

As respects the medical colleges of this city, we have urged their connection with our large hospitals if it is impracticable for them to establish hospitals themselves. The University, for instance, might readily enough, if all concerned would look at the matter in a proper light, become connected with the Pennsylvania Hospital, and the Jefferson College with the Philadelphia Hospital, and in their extensive wards give students in reality the benefit of clinical teaching. Let but one college set the example, and our word for it, the rest would follow suit.

Indeed, the example is set, and we predict a speedy realization of the idea that we have so long advocated. The Commissioners of Charities and Correction, of the city of New York, composed of some of the ablest and most intelligent business men in that city, have established a Medical School in connection with Bellevue Hospital, the great almshouse hospital of New York. They have appointed a full corps of able men as professors, and the institution commences its third session this month. The sessions already held have been very encouraging, and we cannot help predicting a prosperous career to the school, because we are satisfied that it is started on a right basis.

Once more, let us urge it upon the faculties of the medical colleges in this city and elsewhere, that they adopt and carry out this idea as speedily as possible. *It will have to be done sooner or later, or "Ichabod" will surely be inscribed on their walls.* The pages of the REPORTER for the past ten years are witness that this is no new hobby of ours. We have steadfastly advocated the plan; one college has adopted it, and with marvelous success. The sequel will show that the rest will be compelled to follow the example.

In this connection, we are glad to learn that Dr. PENROSE, the new professor of Obstetrics and Diseases of women and children, in the University of Pennsylvania, intends to combine clinical teaching, as far as possible, with his regular course of lectures in that institution. This is well, and the course adopted by Dr. PENROSE will serve as a stepping-stone to reach the ultimate idea of an association of the University with a *bona fide* hospital, a consummation which we devoutly hope is not far in the future.

FIVE YEARS AGO

We commenced the publication of the REPORTER in its present weekly form. It was a day of small things. We had just removed to Philadelphia, and were without capital or credit. Such an enterprise we soon found required a great deal of both. But we persevered in the face of many and very great discouragements, which, however, were far over-balanced by the encouraging words and deeds of the profession, or the enterprise would have utterly failed long ago. The unfaltering support given the REPORTER, in spite of the enforced derelictions of the past two years on our part, have surprised us, and has operated as a convincing proof that we were serving the profession with some degree of acceptance, although circumstances beyond our control compelled us to do it in weakness. This conviction encouraged us still to persevere, until we again indulge the expectation of speedily realizing our long deferred hope of giving to the profession of this country the *very best* medical journal printed *anywhere*. We make no exception, because our only hope of making such a journal is founded on the co-operation of the profession.

Our country can boast of some of the finest medical talent in the world now, and we, as a nation, are only in the morning of our existence. True, the fogs and mists of early day hover over our land, but

"Behind the clouds is the sun still shining,"

and the glorious effulgence of a bright day will soon dispel these fogs and mists. We are utterly lost in the contemplation of the future of our country. We anticipate for it everything that can be enjoyed by a nation on earth. Mankind will be awed by the spectacle, and the intellectual and material treasures of the world will be poured upon us. Then will our profession occupy the very front rank in respect to that of other nations. Our country will absorb much of the learning and wisdom of other lands, and the medical profession of America will undisputedly hold the pre-eminent place. Nor do we believe that time is in the distant future. Comparatively few years will realize these seemingly extravagant ideas in all their length and breadth.

It is for such a time that we labor and wait. We

may not live to see it, but we believe this journal will, and we hope that it will not be without its influence in inculcating right views of matters connected with our profession.

In concluding this brief reminiscence of the past, and anticipation of the future, we desire to state that we have now all the delayed numbers of the *REPORTER* (Nos. 304, 305, 308, 309, 310,) printed, and are mailing them as fast as we can pay the postage on them, which, greatly to our detriment, is we think unreasonably, required of us by the Post-office authorities. The delay of these numbers and other irregularities have, of course, injured us greatly. Still we have the satisfaction of knowing that in spite of them a capital of \$25,000 would scarcely suffice to put another journal on the same footing in point of circulation and influence that the *REPORTER* now occupies.

Our delinquencies during the past year are chargeable to the dishonesty of an agent, whose embezzlements have cost us two thousand dollars or more. In view of this, and the fact that we "still live," we shall hope for the continued support of all who have hitherto sustained our enterprise.

Notes and Comments.

Subscribers who have paid for a year from October, 1862, (No. 311,) or six months from No. 337, will observe that their paid subscription term does not end until the 1st of November—No. 362. This is in consequence of our omitting the month of April last, as we wished to run the current volume through to January next, and have the volumes begin hereafter with January and July, instead of October and April.

Bellevue Hospital Medical College.

This institution began its preliminary term of four weeks on the 16th of September, with a hundred students, which at this time has increased to one hundred and fifty, with the prospect of a large class, perhaps the largest in New York, at the commencement of the regular term on the 14th inst. The extraordinary success of this new institution is due solely to the fact that it has adopted the true plan of associating itself with a hospital, and making true clinical instruction at the bedside a prominent feature in its programme.

Bedford's Principles and Practice of Obstetrics.

A new edition, the third of this work, has just been issued. It has had an extraordinary sale, and has been adopted as a text book in no less than twelve of our medical colleges. The work is one of acknowledged merit, and its popularity is no doubt based upon the fact of its possessing that quality, for there is no lack of works on this subject from which the profession may choose.

Pennsylvania Hospital.

Dr. GEO. W. NORRIS has resigned his position as Surgeon of Pennsylvania Hospital, and Dr. WILLIAM HUNT has been appointed. An excellent appointment.

NEW INVENTIONS.

A New Inhaler.

This consists of a tube, provided 1st with a bell-shaped mouth-piece at one end, which in its application to the mouth entirely excludes external air; 2d, with a medicine chamber at the other end, which is a short tube, similar to the main tube and open at both ends, one end being turned out to fit to the end of the main tube and the other end furnished with an internal flange or rim to retain the medicines; 3d, with a globe valve, which fits into a seat in the lower end of the main tube, where the same joins the medicine chamber, a pin running across the main tube to prevent the valve from flying out of its seat any further than necessary to open the passage from the medicine chamber to the tube. In drawing in the air through the tube the valve opens, while forcing it into the tube, the valve closes, and the gas expelled by the breath is thus hindered from coming in contact with the medicine in the chamber.

And 4th, it is provided with a valve which is closed by the action of a spring on the lever, like the valve of a flute or other musical instrument. By the action of the spring this valve is constantly closed and the external air is hindered from entering the tube except through the medicine chamber. By pressing upon the lever at the proper intervals the valve is thrown open and the gas expelled by the breath escapes *without* coming in contact with the medicine to be inhaled.

The contrivance seems to be a very simple and effective one for the application of the vapor of medicines by inhalation.

Segnitz' Insufflation Tube.

This consists of a tube, one end of which terminates in a flat and flaring portion, slightly curved and perforated by two orifices. From these two orifices are passages which lead to a common chamber, which is the receptacle for the powder. Into the other extremity is screwed a curved

mouth piece, which by a half revolution may be made to direct the discharging extremity, either upward into the posterior nares, or downward into the fauces.

The operation is as follows:—The mouth-piece is unscrewed and removed from the tube; then the medicinal powder is introduced into the tube, and the mouth-piece is again screwed to its proper place, when the flat end of the instrument is introduced into the mouth of the patient, and passed back over the tongue to the uvula. The operator then applies his lips to the mouth-piece, and with a quick puff of the breath, blows the powder directly into the throat of the patient. In nasal catarrh, the flat portion of the instrument is directed upward, and is carefully introduced completely behind the uvula, before the powder is expelled. The mouth-piece in this case is consequently turned in the opposite direction.

This affords a very convenient method of throwing such remedies as muriate of ammonia, alum, borax, tannic acid, chlorate of potash, etc., into the air passages.

The former instrument is the invention of Mr. G. BASTIAN, and the latter of Dr. B. SEGNIETZ, of New York. Both can be had of Mr. BASTIAN, 835 Broadway, New York.

Correspondence.

DOMESTIC.

CALOMEL AND TARTAR EMETIC IN THE ARMY.

A correspondent of the *American Medical Times*, writing from Cincinnati, Ohio, over the signature, "C. G. C.,"* speaks as follows of Circular No. 6, of Surgeon-General HAMMOND:—

SIR:—In no communication on the subject of the Surgeon-General's order "excluding calomel and tartar emetic from the Supply Table," have I seen the results of any inquiries into the state of the sick in the army with reference to the abuse of these remedies; and I have thought it due to the profession in our country, and particularly to those glorious men of our profession in the army, to present the result of observations in the west and south-west as obtained by the medical men here.

In the military hospitals of this city and vicinity we can give you positive data.

In 25,000 patients but nine cases of ptyalism have been seen; not a case of mercurial gangrene. In regard to other points, one can only make general statements, but founded on the best sources of information.

From Louisville, Western Virginia, the army of

the Cumberland and Gen. Grant's army, the same relative statements are made. One of the most eminent medical gentlemen in Indiana told me that he had seen, some two months since, over 4000 patients in the hospitals of Memphis, Helena, Milliken's Bend, and Young's Point before Vicksburg, and not six cases of ptyalism. He saw a larger amount of scurvy, and it is this, doubtless, which the "political doctor" army inspectors have mistaken for mercurial stomatitis.

There are gentlemen here who have made extensive observations in eastern hospitals, and in those of the army of the Potomac as sanitary inspectors, who all concur in stating that they have seen no evidences whatever of the abuse of the condemned remedies.

The Surgeon-General states that *innumerable* cases of mercurial salivation and frequent cases of gangrene have been brought to his attention, and which has led him to strike the said articles from the "Supply Table."

It is due to science, it is due to the character of our profession, that he should publish the authors of those false statements, who have abused his confidence and attempted to degrade the American medical profession in the eyes of the world. This is another item, and alas that it has had such eminent authorization, upon which our enemies in Europe will seize, to prove that the state of medical science here is also an indication of a low civilization.

The medical men at home must stand by those who have made such sacrifices to go to the war; "they follow in the battle-field through the thickest of the fire, not to aid destruction in her work, but that they may staunch the wounds she makes," and they will scarcely be thought of in the triumph which the nation will offer to its successful warriors. Let us at least take care of their reputation so far as we are able. They feel this storm upon their reputation as intelligent men and readers of "modern pathology."

It is in proof here, that the Surgeon-General proclaimed himself against these remedies some years since, and it is therefore inferred that his order is more the result of a foregone conclusion than of official information.

If this is so, how improper is his course recently in attempting a series of ex-parte questions to obtain an approval of his order. Let me remind him of a line in Horace:—*Male verum examinant omnis corruptus iudex.*

ON SPECIALTIES.

EDITOR OF THE MEDICAL AND SURGICAL REPORTER:

In No. 354 of the REPORTER I perceive an editorial on "specialties," on which I would beg to make a few remarks.

It is true that "specialties" furnish a very desirable field for quacks and perhaps tempt the educated physician to advertise in some way. Yet the question arises, does not the devotion of educated medical men to specialties, possess advantages which far overbalance the disadvantages?

*Dr. C. G. COMBES, we presume.—ED. MED. & SURG. REP.

It is an unimpeachable fact that medicine and surgery have become a vast field of science studded with facts and aphorisms, a thorough knowledge of which is necessary to enable any one practising either of these great branches of the profession, to do full justice to those who entrust themselves to their care. To acquire a knowledge of all that is valuable, of all discovered facts pertaining to every branch of our profession and of all that is disclosed by continued research, would necessitate a perusal of volumes without number, and occupy a physician's lifetime, leaving no opportunity to put the theoretical knowledge thus gained into practice.

Look for an instant at the vast field open for our instruction and study in percussion and auscultation, in the developements made by the ophthalmoscope and laryngoscope. Can it be possible for any human being to gain a thorough knowledge of all these subjects? Is it to be supposed that a GRAEFE could grasp as thorough and minute an intimacy with all branches of medicine and surgery as he has of ophthalmology. Can a FLINT be as fully acquainted with every branch of our science, as he is with auscultation and percussion, or can MOTT or CARNOCHAN be expected to so fully understand ophthalmology and auscultation as those do? Or are FLINT and GRAEFE to be as well informed on operative surgery? We must all admit that the thorough study of any one of these branches is the study of a lifetime, and that we never become masters of them, even then. Where so many are industriously developing our science, how can we understand all as fully as each does his allotted subject of research? Would not our patients be better served and our profession more honored, by each one being master of his branch instead of being Jack of all and master of none.

Every man's natural taste has a decided influence upon his studies. One prefers surgery, another obstetrics, a third the diseases of infants, and each one devotes his principal study to the branch his taste leads him to prefer, and a desire for research, stimulated by taste and ambition, not by mercenary motives, are necessary to make a good physician, one destined to become an ornament to his profession, and a benefactor to his fellow man.

I do not by any means desire to be understood as holding too light a regard for an elementary knowledge of our profession; on the contrary, I deem it necessary that all should be thoroughly educated, much more so than is required by our present standard of medical education. Upon such a foundation I would have them start, and after mature consideration have each one select a branch and become as thoroughly master of it as his range of studies and investigation will permit. If he does so with honorable and laudable motives, he must acquire such a knowledge of his favorite branch as will insure him, in due season, an ample practice and obviate any necessity to advertise.

To see a regular physician's "specialist" advertisement is a sure indication that he has not practice enough, if any, and consequently that he is not con-

sidered as thoroughly conversant with his specialty as he would have people believe.

To publish articles, even if of an intensely special character, in medical journals, I can only consider as proper and beneficial to the profession, and were this done as well and as generally as in Europe it would much help the profession and heighten the value of our medical literature. It would be far better than to publish so many hyperbolic pamphlets and books, which are sure to get into unprofessional hands, while medical journals seldom do.

No physician having any respect for himself will allow a reporter of the press, happen to witness a "splendid operation," nor publish "illustrated pamphlets" to physicians only ostensibly, nor as before said will he advertise.

I leave these few thoughts to let your readers make their own deductions.

H. LASSING, M. D.

New York, Sept. 14th, 1863.

Army and Navy News.

Assignments of Medical Officers.

The following assignments of medical officers have just been made:

Lieut-Colonel E. P. VOLLUM, U. S. A., stationed in Washington, D. C., will report in person to Major-General Rosecrans as Medical Director of the the Department of the Cumberland.

Lieutenant-Colonel PETER PRICE, U. S. A., now in Boston, Mass., awaiting orders, will report for duty as Medical Director to Major-General Gillmore, commanding Department of the South.

Lieutenant-Colonel AUG C. HAMLIN, U. S. A., now on duty in the Department of the South, will repair to Washington, D. C., and report to the Medical Inspector-General, United States Army, as Medical Inspector of the Department of Washington.

Lieutenant-Colonel JOHN WILSON, U. S. A., upon completion of special duty in the Medical Inspector-General's office, will report to Major-General MEADE, Army of the Potomac, as Medical Inspector of that army; station, Washington, D. C.

Lieutenant-Colonel N. S. TOWNSEND, U. S. A., now on leave of absence, will, on the expiration of his leave, report in person to Assistant Surgeon General Wood, at St. Louis, for assignment.

Lieutenant-Colonel GEORGE W. STIFF, U. S. A., now on sick leave, will report, at expiration of his leave, to Major-General BANKS, Department of the Gulf, for duty as Medical Inspector of that Department; station, New Orleans.

Lieutenant-Colonel JOHN L. LACONTE, U. S. A., now on duty as Medical Inspector, Department of Missouri, will report to Major-General COUCH, commanding Department of the Susquehanna, for duty as Medical Inspector of that Department; station, Philadelphia.

New Medical Director Appointed.

Surgeon JOHN CAMPBELL, U. S. A., has been appointed Medical Director, of the Susquehanna District, which includes this city, in place of Dr. KING, who has been ordered to the army of Gen. BURNSIDE.

Naval Orders.

Surgeon HENRY F. MCSHERRY, detached from the navy yard, Philadelphia.

Assistant Surgeon J. C. SPEAR, ordered to the navy yard, Philadelphia.

Army Medical Board.

An Army Medical Board will meet in the city of New York, on the 15th instant, for the examination of candidates for admission into the Medical Staff of the Regular Army.

The Board will consist of Surgeons J. J. B. WRIGHT, E. H. ABADIE, and Assistant Surgeon J. H. BILL, U. S. A.

Applicants must be between 21 and 30 years of age, and physically sound.

Applications must be made to the Secretary of War, or through the Surgeon-General of the Army, stating the residence of the applicant, and the date and place of his birth, and they must also be accompanied by respectable testimonials of moral character.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are now several vacancies in the Medical Staff of the Regular Army.

Ordered to Join their Regiments.

The following medical officers are ordered to proceed without delay to join their regiments in the Army of the Potomac:—

Surgeon W. H. GROMINGER, Sixteenth Pennsylvania Cavalry.

Assistant Surgeon A. F. HERMAN, Sixteenth Pennsylvania Cavalry.

Assistant Surgeon A. J. COLES, Eleventh Pennsylvania Reserve Corps.

Surgeon J. D. OSBORNE, Fourth New Jersey Volunteers.

Assistant Surgeon H. GROSS, Twenty-sixth Pennsylvania Volunteers.

Assistant Surgeon J. D. STURDEVANT, One-hundred-and-thirty-ninth Pennsylvania Volunteers.

Mortality in the Army.

In a report made to Acting Surgeon-General BARNES, by Dr. J. J. WOODWARD, Assistant Surgeon U. S. A., it is stated that the sickness and mortality of the Union armies during the first year of the rebellion, up to June 30, 1862, was less than in our army during the Mexican war, or the British army in the Crimean war.

Sick in the Hospitals.

Eight thousand one hundred and seventy-three patients were reported in the military hospitals of the Department at Washington for the week ending the 26th inst.

MARRIED.

McNAIR-SHILAND.—By Rev. A. Shiland, assisted by Rev. G. L. Roof, at the residence of Dr. Shiland, West Troy, N. Y., on Tuesday, Sept. 29th, Rev. W. W. McNair, pastor of the Presbyterian Church, of Eau Claire, Wis., and Miss Jeanette A. Shiland, of West Troy.

TALMAGE-HUNT.—In Brooklyn, on Wednesday, Sept. 23d, by Rev. E. E. L. Taylor, John F. Talmage, M. D., and Maggie A., youngest daughter of Thomas Hunt, Esq.

DIED.

NANCERDE.—On the 28th ultimo, after a short illness, Maria Antoinette Nancrede, relict of the late Dr. N. C. Nancrede, in the 48th year of her age.

PUGH.—At West Philadelphia, suddenly, on the 24th of September, Dr. John M. Pugh.

METEOROLOGY.

September	21,	22,	23,	24,	25,	26,	27.
Wind.....	N. W.	N. W.	N. E.	N.	N. W.	N. W.	N. W.
Weather....	Clear.	Clear.	Clear.	White Frost.	White Frost.	Clear.	Clear.
Depth Rain...							
Thermometer							
Minimum.....	41°	45°	41°	44°	49°	40°	36°
At 8 A. M.....	55	52	51	56	58	49	47
At 12 M.....	63	57	63	67	56	57	60
At 3 P. M.....	67	58	64	67	58	58	62
Mean.....	56.5	53	54.7	58.5	55.2	51	51.2
Barometer.							
At 12 M.....	30.1	30.4	30.6	30.2	30	30.1	30.1

Germantown, Pa.

B. J. LERDOM.

VITAL STATISTICS.

	Philadelphia. Week ending Sept. 26.	New York. Week ending Sept. 28.	Baltimore. Week ending Sept. 28.	Boston. Week ending Sept. 26.	Providence. Month of August.
Pop'n. (estimated.)	580,000	950,000	240,000	180,000	52,000
Mortality.					
Male	125	242	64	54	80
Female	175	205	59	49	78
Adults	103	210	52	44	54
Under 15 years	130	229	71	59	68
Under 2 years	93	163	46	53*	158
Total	240	447	123	103	...
Deaths in 100,000...	41.37	47.05	51.20	57.11	303.84
American	184	287	...	89	126
Foreign	40	160	...	64	32
Negro	18	8	19	2	6
ZYMOTIC DISEASES.					
Cholera, Asiatic...	5	29	8	10	35
Cholera Infantum...	...	...	...	1	4
Cholera Morbus...	...	...	16	4	2
Croup	9	14	...	5	11
Diphtheria	16	16	6	5	...
Dysentery	4	11	5	6	25
Erysipelas	1	1	1	...	1
Fever, Intermittent...	...	2	...	...	...
Fever, Remittent...	...	4	...	...	...
Fever, Scarlet...	3	5	2	2	...
Fever, Typhoid...	...	19	5	2	3
Fever, Typhus...	9	10	...	...	4
Fever, Yellow...	...	...	...	...	...
Hooping-cough...	1	4	...	...	...
Measles .....	...	1	1	...	1
Small Pox .....	...	...	4	...	...
Syphilis .....	...	...	...	...	...
Thrush .....	...	...	...	...	1
SPORADIC DISEASES.					
Albuminuria .....	...	4	...	...	...
Apoplexy	1	9	1	...	1
Consumption	23	64	21	13	10
Convulsions	11	22	2	...	9
Dropsy	5	13	2	2	...
Gun-shot Wounds...	2	1	...	...	...
Intemperance	3	5	...	2	1
Marasmus	13	33	...	8	1
Pleurisy .....	...	2	...	...	...
Pneumonia	4	19	...	3	2
Puerperal Fever...	...	...	...	...	...
Scrofula	1	2	1	1	...
Sun Stroke .....	...	...	...	...	1
Violence and Acc'ts	3	16	...	1	5

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.